

KING COUNTY ALCOHOLISM AND SUBSTANCE ABUSE  
ADMINISTRATIVE BOARD

REGULAR MEETING

August 19, 2003

**Members Present:** Linda Brown, Joan Clement, Nancy Code, Pam Detrick, Roger Goodman, Kim Murillo, Bob Seidensticker, Scott Strawn

**Members Absent:** Jim Harbaugh (excused), Larry Hill (excused), Yasmin Smith (unexcused)

**Staff Present:** Geoff Miller, Dave Murphy, Rhoda Naguit, Rose Soo Hoo, Jim Vollendroff

**Guests Present:** Harvey Funai, Division of Alcohol and Substance Abuse; Frank Irigon, WAPIFASA; Jim Marshall, Harborview Addictions; Ken Nicholas, Community Psychiatric Clinic-Bridgeway Recovery Program

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Board Chair Linda Brown convened the regular meeting of the King County Alcoholism and Substance Abuse Administrative Board (KCASAAB) at 12:05 p.m. The meeting was held at the conference room of the Dutch Shisler Sobering Service Center.

I. WELCOME AND INTRODUCTION

Board Chair Linda Brown welcomed everyone and then asked everyone to introduce him/herself.

II. REVIEW/APPROVAL OF MEETING MINUTES

Nancy Code made a motion, which was seconded by Joan Clement, to approve the July 15, 2003 board meeting minutes as submitted. The motion passed and was unanimously approved.

III. AGENCY PRESENTATION

A. Washington Asian/Pacific Islander Families Against Substance Abuse

At the outset, Frank Irigon, Interim Director of Washington Asian/Pacific Islander Families Against Substance Abuse, shared some vital data information on Asian Pacific Islander (API) population, as reflected in the 2000 Census and the Greater Seattle Data Sheet. API is the largest ethnic minority population in Seattle and King County and it comprises the largest ethnic student population in several Seattle and King County school districts. Their clients are predominantly 14 to 17 year of age. He also gave a brief history of the agency and the vital role played by the King County Division of Alcoholism and Substance Abuse Services

(KCDASAS) in the development of the program to address issues related to use of alcohol, tobacco and other drugs in the API community. The Agency was approved and certified as a chemical dependency provider in May 1996. They received KCDASAS funding for outpatient services the same year. These services include intake and assessment, individual counseling, group counseling, family counseling, recreation and community service and community education and advocacy. The Agency provides a Family Night at the Burien branch as a means to get family involved in the treatment program.

The following is a summary of the rest of his report:

### **Successes**

The agency's policy of "no youth is denied services regardless of income, place of residence, or race, creed, national origin, sex, sexual orientation, religion or color," has successfully provided treatment to adolescent clients aged 13 to 20 years of age. About 60% of these are API youth.

### **Challenges and Needs:**

Stable and reliable funding and finding Asian Pacific Islander certified chemical dependency professionals are ongoing challenges. Other challenges include providing culturally competency and language appropriate services, enforcement of Title VI of the Civil Rights Act of 1963, lack of local data and funding to continue the Special Population Alliance/ Adolescent Treatment Enhancement Program.

### **Outcomes:**

The Agency has a 95% retention rate after six months of treatment and a 67% retention after 12 months. Approximately 60% of their clients in active treatment are APIs. School absence rates have dropped to 1.5 days per month from 5.3 days at 6 months of treatment and 2.3 days per month at 12 months of treatment. The number of police pickups has dropped to 1.5 per month from 5.7 at 6 months of treatment and to 0.6 per month at 12 months of treatment. Abstinence was 60% at 6 months of treatment and 70% at 12 months of treatment.

### **B. Harborview Medical Center Addiction Program**

Jim Marshall gave the presentation in lieu of Ron Blunk, who was on vacation. He gave an overview of services provided by the HMC Addictions Program. A next day appointment service is provided to clients referred by Crisis Triage Unit (CTU). The agency recently developed a pre-treatment engagement group focused on clients who are high alcohol users. The intensive outpatient program

offers both afternoon and evening treatment groups to meet the needs of clients who are working or going to school. Other services include a relapse prevention program, recovery/aftercare programs, COD treatment, case management, employment services, PorchLight housing vouchers and the services of a medical ARNP and psychiatric residents.

**Successes:**

- Inclusion of the Addiction Program in the overall HMC continuum of care. Anger Management is provided to clients through referral from CTU.
- Increase coordination of services with HMC/high utilizer.
- Drug Court Provider since October 2000.

**Challenges:**

The need to provide housing options. The availability of housing vouchers help clients who have nothing or could relapse if not helped in their need for shelter.

**Addressing Challenges:**

- Increased partnership with the Division by responding to Adult Outpatient and ADATSA CD RFP and applied for Federal grants. They are looking into some research projects.
- Use of Shelter Plus Care.

**Treatment Completion Rate:**

The treatment completion rate between January 1, 2003 to July 31, 2003 based on TARGET data has been 23%.

**Outcome Evaluation Process:**

Outcome evaluation is part of agency's policy. It is based on effectiveness, efficiency and patient satisfaction.

IV. CHAIR'S REPORT

Board Chair Linda Brown welcomed back Scott Strawn who has been on leave of absence. He has successfully defended his dissertation.

Linda thanked those who participated in reviewing the applications for the Exemplary Awards and thanked Kim Murillo for spearheading efforts to nominate another CD agency for one of the awards.

A. Board Recruitment

This is an ongoing project of the board.

B. Vote on the Re-organization of Legislative Advocacy Committee

Bob Seidensticker made a motion, which was seconded by Scott Strawn to accept the recommended change in the structure of the committee from two co-chairs from both boards to a rotating committee chairperson and vice-chairperson. The motion was passed and approved unanimously.

Roger Goodman of our board was elected chairperson this year. His tenure as chairperson began this June. Each June, the committee will elect a new chairperson and new vice-chairperson. The chairperson next year will come from the King County Mental Health Advisory Board.

C. September Board Meeting

Due to a number of board members, who will be unable to attend next month's board meeting, it was decided to cancel the September 16<sup>th</sup> board meeting.

D. Liaison Reports

- **Joan Clement: Chronic Populations Action Council/Mental Health Advisory Board**

Housing for alcoholics was one of the items of discussion at the last meeting. Joan commended Patrick for his superb job in the passage of AIA in Pioneer Square and coordination of the 25 Cities Initiative.

At the Mental Health Advisory Board meeting, it was reported that actuary study for mental health program is still going on. The State RSN contract has been signed.

- **Nancy Code: Children and Family Commission**

CFC did not meet this month.

- **Bob Seidensticker: Youth Providers Meeting**

The Youth Providers Meeting is scheduled two week from now.

E. Legislative Forum: Priorities and Planning

The revitalized committee would like to continue to gather information for the two boards, analyze and make recommendations to board on legislative and public policy issues, encourage communication between the committee and the boards and serve as an advocate for the board during the legislative session.

In preparation for the forthcoming Legislative Forum, Roger encouraged the board to contact and invite their respective local legislators to attend the event. This year's Legislative Forum will be held at the Kirkland Performing Arts Center on November 18th from 7:30 PM until 9:00 PM with initial registration beginning at 7:00 PM. The facility seats 400 people.

The following chemical dependency issues are being considered as priority issues to be presented at the forthcoming Legislative Forum:

- Increased in beer excise tax
- Inpatient capacity issue
- Title XIX for Methadone Treatment

One of the guests alerted Board members to a problem CD providers are having with insurance companies. The problem is one in which some insurance companies make changes in their reimbursement criteria without notice and without publishing information about the changes. Providers only find out about the changes when they seek reimbursement for services provided.

There was also a lengthy discussion on the issue of Title XIX for methadone treatment including its funding mechanism and service delivery. The board agreed that methadone is a core and complex issue. Rather than focusing on methadone treatment and need of additional funding, the board suggested presenting it as a system capacity issue at the forthcoming Legislative Forum. Board Chair Linda Brown will prepare a summary of this discussion and email it to the board for exchange of ideas and opinions on this issue.

V. COUNTY COORDINATOR REPORT

A. RFP Update

The Request for Proposal for the Chemical Dependency Outpatient Treatment is all done. The board will be represented in every review team. Other members of the review panel will be from other counties and Division staff. Jim has scheduled separate briefing meetings with the Youth, Adult and ADATSA RFP Review Panelists in September.

B. CD Report Card

Jim gave a brief description of the content of the document. He said that data of the CD Report Card is still being fine-tuned. The report card tells the story of the clients being served and provides financial data for each service component. Jim urged the board to review the document and provide meaningful feedback by August 22<sup>nd</sup>.

C. 25 Cities Initiative

Patrick is doing a great job working with the ONDCP officials who will be in Seattle area this week to identify 2-4 initiatives to work with community representatives to identify the 2-4 initiatives aimed at reducing drug use in Seattle. Although there is no funding attached to this project, the Division is looking at the long-term benefits that may come from the Initiative.

D. Budget Update

The Division is still in the process of developing the 2003-2005 biennial plan. King County has been chosen as a pilot site for the new Spending Plan Allocation Report (SPAR) for DASA.

E. CJ Update

Half of the funding for Criminal Justice initiative goes to Co-occurring Disorders tiers. Contracts are being finalized with the Community Psychiatric Clinic and Seattle Mental Health. The program will be co-located and will be implemented on September 1, 2003.

Lucia Meijer has been hired to develop and identify assessment tools to be used in the jail. In 30 days, Lucia will train jail staff on assessment tools. An ADATSA Case Monitor position will also be added in this program.

Under this program, methadone vouchers will be directly issues to eligible individuals released from jail. The Mental Health voucher is also in its final stage and will be released next month. Recipients of the Housing Voucher were referred by Drug Court, Seattle Mental Health Court and King County District Mental Health Court in May and June.

Finally, the Evaluation part of the initiative is a 2-3 year pilot project. Hopefully, there will be funding for this after 3 years.

There being no further business, the meeting was adjourned at 1:55 p.m.

Prepared by:

Rhoda A. Naguit  
Recording Secretary

Attested by:

*Linda Brown*  
Linda Brown  
Board Chair